

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		11-21-01
O.I.P.E. CLASSIFIER		49	12/1/01
FORMALITY REVIEW	ZA	1120	12-4-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	11/20/00
2	11/20/00
3	11/20/00
4	11/20/00
5	11/20/00
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49	11/20/00
50	11/20/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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